

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003090

1. Entity Name
FIRST BAPTIST CHURCH OF CITRUS SPRINGS, INC.



Principal Place of Business
**974 W.G. MARTINELLI BLVD
CITRUS SPEINGS, FL 34434**

Mailing Address
**PO BOX 2450
DUNNELLON, FL 34430**



01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3468993

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEABODY, SHARON
1550 SW 144TH CT.
OCALA, FL 34481**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000413059
02/14/06-80031-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOLMES, BLAINE P
16654 S.W. 38TH STREET
OCALA, FL 34481**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
DODSON, PATRICIA
10248 N DEITONA BLVD.
DUNNELLON, FL 34433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PEABODY, SHARON
1550 SW 144TH CT.
OCALA, FL 34481**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ROWE, BARBARA
5201 S.W. 176TH AVE.
DUNNELLON, FL 34432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon P. Peabody Sharon P. Peabody 11/31/06 352-489-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #